

Date of Notice of Allowance: May 17, 2005

Confirmation No.: 3373

Serial Number: 10/051,492

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Rudy Mazzocchi et al.

Attorney Docket: MVA1001USC3

Serial No.: 10/051,492

Group Art Unit: 3731

Filed: January 18, 2002

Examiner: Vy Q. Bui

For: METHOD AND DEVICE FOR FILTERING BODY FLUID

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311) AND
REQUEST FOR CONSIDERATION OF SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT**

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Applicants hereby pay the issue fee for the attached Issue Fee Transmittal PTOL-85 (1 page) and further requests that the attached Supplemental Information Disclosure Statement be considered in accordance with 37 C.F.R. § 1.97(d).

Certificate of Express Mailing (37 C.F.R. § 1.10)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" Mailing Label No. EV 729517427 US in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Date: August 16, 2005

Signature: Jodi Jung

Name: Jodi Jung

Transmittal of Payment of Issue Fee
Applicants: Rudy Mazzocchi et al.
Serial Number: 10/051,492

Attorney Docket: MVA1001USC3

2. Fee (37 C.F.R. §§ 1.18(a) and (b)):

Application status is:	<u>Regular</u>	<u>Design</u>
<input type="checkbox"/> small business entity - fee	<input type="checkbox"/> \$700	<input type="checkbox"/> \$400
<input type="checkbox"/> verified statement attached		
<input type="checkbox"/> verified statement filed on _____		
<input checked="" type="checkbox"/> other than a small entity - fee	<input checked="" type="checkbox"/> \$1400	<input type="checkbox"/> \$800

3. Payment of fee:

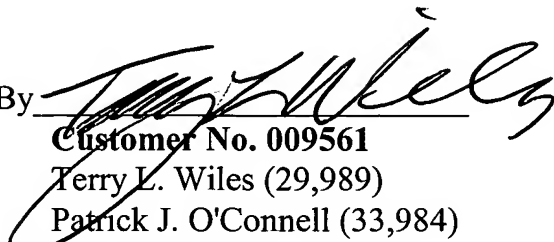
☒ Enclosed please find a check for \$1910.00 (issue fee of \$1400.00, publication fee of \$300.00, ten copies of patent at \$3.00 each, and \$180.00 for Supplemental Information Disclosure Statement per § 1.17(p)).

☒ Charge Account 16-2312 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____.

Respectfully submitted,

Dated: 8/16/05

By 
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